



Proof of Temporary Coverage for Presumptive Eligibility

Dear Provider:

The person(s) listed below has temporary health coverage through Presumptive Eligibility (PE). Temporary coverage may last between 30 and 60 days depending on the effective date of coverage shown (below). To ensure payment, providers must verify eligibility prior to providing services and submitting claims. If you have questions concerning Presumptive Eligibility, please call the Human and Community Services office, 1-877-543-7669, ext.2869 OR ext. 3098.

Verify Presumptive Eligibility via:

- Web Portal at www.mtmedicaid.org (click on *Montana Access to Health* link);
- FAX Back at 1-800-714-0075 (do not FAX the completed PE application to this FAX number); or
- Automated Voice Response at 1-800-714-0060

Services included under temporary coverage are the same as those available under regular program coverage.

NOTE: Social Security Numbers are requested **but are not required**.

Name (First - Middle Initial - last)	Social Security Number <u>AND</u> Date of Birth mm/dd/yyyy	Effective Date of Coverage mm/dd/yyyy	<u>Check the appropriate coverage group</u>					
			HMK <i>Plus</i>	HMK	Former Foster Care (ages 18 up to 26)	Parent/ Caretaker Relative Medicaid	Pregnant Woman	Breast & Cervical Cancer

Name of Qualified Entity Determining Presumptive Eligibility (Please Print)

Date

Signature of Qualified Entity

QUALIFIED ENTITY: Within 5 days of Determination, SCAN PE Application and Proof of Temporary Coverage form, then create a secure ePass account at transfer.mt.gov, and email scanned documents to: HHSPresumptive@mt.gov – OR FAX same documents to: 1-877-418-4533.

Human and Community Services Division, State of Montana, PO Box 202925, Helena MT 59620-2925